

## PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.: 09/842,052  
Applicant(s): Heno & Hinry  
Filed: April 26, 2001  
Art Unit: 2622  
Examiner: T. Lamb  
Title: PRINTER OF A NEW TYPE

Confirmation No.: 6520

RECEIVED  
CENTRAL FAX CENTER

MAY 12 2005

Docket No.: 047717/274911  
Customer No.: 00826

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT  
37 C.F.R. § 1.121

Sir:

In response to the Office Action dated January 12, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims beginning on page 2 of this paper.

Remarks begin on page 9 of this paper.

05/26/2005 DBUTLER 00000001 160605 09842052

01 FC:1201 200.00 DA  
02 FC:1202 300.00 DARECEIVED  
MAY 13 2005  
O/P/E/CWS

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2000

Application or Docket Number  
[REDACTED]

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                   |              |                          |
|-----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS                      | 10           |                          |
| FOR                               | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS           | 10 minus 20= | 0                        |
| INDEPENDENT CLAIMS                | 1 minus 3 =  | 0                        |
| MULTIPLE DEPENDENT CLAIM PRESENT. |              | <input type="checkbox"/> |

SMALL ENTITY  
TYPE

OTHER THAN  
OR SMALL ENTITY

|           |        |              |        |
|-----------|--------|--------------|--------|
| RATE      | FEES   | RATE         | FEES   |
| BASIC FEE | 355.00 | OR BASIC FEE | 710.00 |
| X\$ 9=    |        | OR X\$18=    |        |
| X40=      |        | OR X80=      |        |
| +135=     |        | OR +270=     |        |
| TOTAL     |        | OR TOTAL     | 710    |

\* If the difference in column 1 is less than zero, enter "0" in column 2

5-12-05 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |            |                          |
|--|---|-------|---|------------------|------------|--------------------------|
|  |   |       |   |                  | (Column 1) | (Column 2)               |
| Total  | 26  | Minus | 20  | 6                |            |                          |
| Independent                                    | 4   | Minus | 3   | 1                |            |                          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   |                  |            | <input type="checkbox"/> |

SMALL ENTITY OR OTHER THAN  
OR SMALL ENTITY

|                     |                        |                        |                        |
|---------------------|------------------------|------------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE | RATE                   | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=              |                        | OR X\$18=              | 300                    |
| X40=                |                        | OR X80=                | 200                    |
| +135=               |                        | OR +270=               | 1                      |
| TOTAL<br>ADDIT. FEE |                        | OR TOTAL<br>ADDIT. FEE | 500                    |

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |            |                          |
|--|---|-------|---|------------------|------------|--------------------------|
|  |   |       |   |                  | (Column 1) | (Column 2)               |
| Total  |   | Minus | ..  | =                |            |                          |
| Independent                                    |   | Minus | ...   | =                |            |                          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   |                  |            | <input type="checkbox"/> |

|                     |                        |                        |                        |
|---------------------|------------------------|------------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE | RATE                   | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=              |                        | OR X\$18=              |                        |
| X40=                |                        | OR X80=                |                        |
| +135=               |                        | OR +270=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR TOTAL<br>ADDIT. FEE |                        |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |            |                          |
|--|---|-------|---|------------------|------------|--------------------------|
|  |   |       |   |                  | (Column 1) | (Column 2)               |
| Total  |   | Minus | ..  | =                |            |                          |
| Independent                                    |   | Minus | ...   | =                |            |                          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   |                  |            | <input type="checkbox"/> |

|                     |                        |                        |                        |
|---------------------|------------------------|------------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE | RATE                   | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=              |                        | OR X\$18=              |                        |
| X40=                |                        | OR X80=                |                        |
| +135=               |                        | OR +270=               |                        |
| TOTAL<br>ADDIT. FEE |                        | OR TOTAL<br>ADDIT. FEE |                        |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.